

sion: HCFA-PM-91-4
1991

(BPD)

ATTACHMENT 2.2-A

Page

OMB NO. 0938-

OFFICIAL

State: Maine

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1992(a)(10)
A.(ii)(VIII)
of the Act

X

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

X 21
— 20
— 19
— 18

TO No. 91-14
Supersedes
TO No. 86-17

Approval Date MAR 26 1992 Effective Date OCT 01 1991

sion: HCFA-PM-91-4 (BPD)
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State: Maine

Agency* Citation (s) Groups Covered

OFFICIAL

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.223 ☒

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

___ Individuals under the age of--
___ 21
___ 20
___ 19
___ 18
___ Caretaker relatives
___ Pregnant women

TS No. 91-14
Supersedes
TS No. _____

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State: Maine

Agency* Citation(s)

Groups Covered

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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 /X/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

X (1) All aged individuals.

X (2) All blind individuals.

X (3) All disabled individuals.

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State: Maine

Agency* Citation(s) Groups Covered

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B. Optional Groups Other Than the Medically Needy
(Continued)

- 42 CFR 435.230
- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
 - (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
 - (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
 - (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
 - (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
 - (9) Individuals in additional classifications approved by the Secretary as follows:

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State: Maine

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes.

 X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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State: Maine

Agency* Citation(s) Groups Covered 0171611

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- ___ (1) All aged individuals.
- ___ (2) All blind individuals.
- ___ (3) All disabled individuals.

TS No. 91-14
Supersedes
TS No. 87-06

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Agency* Citation(s) Groups Covered

435.231 ☒ 11. Individuals who are in institutions for at
1902(a)(10) least 30 consecutive days and who are
(A)(ii)(V) eligible under a special income level.
of the Act, Eligibility begins on the first day of
P.L. 97-248 the 30-day period. These individuals
(Section 137) meet the income standards specified in
and Supplement 1 to ATTACHMENT 2.6-A.
P. L. 99-272
(Section 9510)

☒ The State covers all individuals as
described above.

☐ The State covers only the following group
or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☐ Aged
☐ Blind
☐ Disabled
☐ Individuals under the age of--
 ☐ 21
 ☐ 20
 ☐ 19
 ☐ 18
☐ Caretaker relatives
☐ Pregnant women

1902(e)(3) ☒ 12. Certain disabled children age 18 or
of the Act, under who are living at home, who
P.L. 97-248 would be eligible, if in a medical
(Section 134) institution, for SSI or a State supplemental
payment under title XVI of the Act, and
therefore for Medicaid under the plan, and for
whom the State has made a determination as
required under section 1902(e)(3)(B) of the Act.

*Agency that determines eligibility for coverage.

TN No. 87-06
Supersedes
TN No. 86-17

Approval Date 6 OCT 1987

Effective Date 1 JUL 1987

HCFA ID: 1036P/0015P

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Agency* Citation(s)

Condition or Requirement

1902(a)(10) X 13.1
(A)(1)(IV)
and 1902(1)
of the act,
P.L. 99-509
(Sections
9401(a) and
(b))
P.L. 101-239

The following individuals who are not otherwise described in section 1902(a)(10)(A)(1) of the Act whose income level (established at an amount up to 185 percent of the Federal nonfarm poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size including the woman and infant or child and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age (effective April 1, 1987);

X 13.2

The following individuals who are not described in section 1902(a)(10)(A)(1) of the Act whose income level (established at an amount up to 100 percent or 133% of the Federal nonfarm poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size including the woman and infant or child and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

Children born after September 30, 1983 who have not attained age 8.

Infants and children covered under items 13.1 and 2 above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

*Agency that determines eligibility for coverage.

TN No. 90-18
Supersedes
TN No. 89-20

Approval Date JAN 18 1991

Effective Date OCT 01 1990

HCFA ID: 1038P/0015P

OFFICIAL

Agency* Citation(s)

Condition or Requirement

The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on april 17, 1986.



Yes



Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(11)(X)
and 1902(m)
(1) and (3)
of the Act
P.L. 99-509
(Section —
9402(a) and
(b))

X 14. In addition to individuals covered under item
item B.13, individuals--

(a) Who are 65 years of age or older or are
disabled--

X As determined under section
1614(a)(3) of the Act; or

— As determined under more restrictive
categorical eligibility criteria
specified under item A.9(b) of this
Attachment.

(b) Whose income does not exceed the income
level (established at an amount up to 100
percent of the Federal nonfarm income
poverty line) specified in Supplement 1 to
ATTACHMENT 2.6-A for a family of the same
size; and

(c) Whose resources do not exceed the maximum
amount allowed--

X Under SSI;

— Under the State's more restrictive
financial criteria; or

— Under the State's medically needy
program as specified in ATTACHMENT
2.6-A.

*Agency that determines eligibility for coverage.

TN No. 89-01
Supersedes
TN No. 87-06

Approval Date APR 6 1988

Effective Date JUN 22 1988

HCFA ID: 1038P/0015P

Agency*	Citations(s)	Groups Covered
	1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)	<input checked="" type="checkbox"/> 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under <u>ATTACHMENT 2.6-A</u> who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.
		C. <u>Optional Coverage of the Medically Needy</u>
435.301		This plan includes the medically needy. <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. This plan covers: 1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 88-11
Supersedes
TN No. 87-46

Approval Date _____ Effective Date 1 - OCT 1988